

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 4.19-B  
Page 1r

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: October 1, 1999

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(19) Physical Therapy and Related Services (Continued)

Listed below are procedure codes and Arkansas Medicaid maximum for occupational therapy:

<u>Procedure Code</u>	<u>Description</u>	<u>Maximum Rate</u>
Z1936	Evaluation for occupational therapy	\$41.20 per 30 minute unit
Z1929	Individual occupational therapy	\$18.13 per 15 minute unit
Z0470	Group occupational therapy	\$4.95 per 15 minute unit
Z2527	Individual occupational therapy by occupational therapy assistant	\$14.20 per 15 minute unit
Z2528	Group occupational therapy by occupational therapy assistant	\$3.96 per 15 minute unit

At the beginning of each calendar year, Medicaid officials and the Arkansas Occupational Therapy Association or its successor will arrive at mutually agreeable increase or decrease in reimbursement rates based on the market forces as they impact on access. Any agreed upon increase or decrease will be implemented at the beginning of the following state fiscal year, July 1 with any appropriate State Plan changes.

Speech Therapy - Effective for dates of service on or after **October 1, 1999**, the Arkansas Medicaid maximum for speech therapy services are based on a court-ordered rate issued by the United States District Court, Eastern District of Arkansas, Western Division rate and agreed upon by the Division of Medical Services and representatives of the Arkansas Speech-Language-Hearing Association.

Speech Therapy Assistant - Effective for dates of service on or after **October 1, 1999**, the Arkansas Medicaid maximum for the assistant is based on 80% of the amount reimbursed to the licensed therapist.

Listed below are procedure codes and Arkansas Medicaid Maximum for speech therapy:

<u>Procedure Code</u>	<u>Description</u>	<u>Maximum Rate</u>
92506	Evaluation of speech language voice, communication, auditory processing and/or aural rehabilitation status	\$41.20 per 30 minute unit
Z1926	Individual speech session	\$18.13 per 15 minute unit
Z1927	Group speech session	\$4.95 per 15 minute unit
Z2265	Individual speech therapy by speech language pathology assistant	\$14.50 per 15 minute unit
Z2266	Group speech therapy by speech language pathology assistant	\$3.96 per 15 minute unit

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DATE REC'D <u>8-3-99</u>	
DATE APP'V'D <u>9-27-99</u>	
DATE EFF <u>10-1-99</u>	
HCFA 179 <u>99-14</u>	

SUPERSEDES: TN 98-22

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July 1, 1999

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(19) Speech Therapy (Continued)

At the beginning of each calendar year, Medicaid officials and the Arkansas Speech Therapy Association or it's successor will arrive at mutually agreeable increase or decrease in reimbursement rates based on the market forces as they impact on access. Any agreed upon increase or decrease will be implemented at the beginning of the following state fiscal year, July 1 with any appropriate State Plan changes.

(20) Rehabilitative Services for Persons with Physical Disabilities (RSPD)

a. Residential Rehabilitation Centers

The per diem reimbursement for RSPD services provided by a Residential Rehabilitation Center will be based on the provider's fiscal year end 1994 audited cost report as submitted by an independent auditor plus a percentage increase equal to the HCFA Market Basket Index published for the quarter ending in March. A cap has been established at \$395.00. This is a prospective rate with no cost settlement. Room and board is not an allowable program cost. The criteria utilized to exclude room and board is as follows: The total Medicaid ancillary cost was divided by total Medicaid inpatient days which equals the RSPD prospective per diem. The ancillary cost was determined based upon Medicare Principles of Reimbursement. There is no routine cost included.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>12-1-98</u>	
DATE APVD	<u>2-13-99</u>	
DATE EFF	<u>2-1-99</u>	
HCFA 179	<u>98-22</u>	

PERSEDES: TN - none Newpage

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of  
Conditions Found (Continued)

(24) Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid)  
Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee  
schedule.

2. Licensed Professional Counselor (LPC)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid)  
Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee  
schedule.

3. Licensed Marriage and Family Therapist (LMFT)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid)  
Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee  
schedule.

(25) Medical Supplies

1. MIC-KEY Skin Level Gastrostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000, reimbursement is based  
on the lesser of the provider's actual charge for the MIC-KEY kits and accessories or  
the Title XIX (Medicaid) maximum. There is only one manufacturer of the MIC-KEY  
kits and accessories. The Title XIX (Medicaid) maximum for the kit and accessories  
is based on the manufacturer's list prices to the DME providers as of July 1, 2000 plus  
10%. The State Agency will review the manufacturer's list prices annually and may  
adjust the Medicaid maximums if necessary. Arkansas Medicaid will reimburse  
providers for the kit and accessories as purchase only items.

STATE	<i>Arkansas</i>	A
DATE REC'D	<i>06-23-00</i>	
DATE APP'D	<i>08-31-00</i>	
DATE EFF	<i>07-01-00</i>	
HCFA 179	<i>00-12</i>	

SUPERSEDES: TN - *00-06*

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Revised:

October 1, 1996

4.c. Family Planning Services

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid maximum charge allowed).

The Medicaid local code Z0847 Basic Family Planning Visit is comparable to procedure code 99214 and Z0848 Periodic Family Planning Visit is comparable to 99213. The rate for the comparable procedure codes is based on 66% of the Physician Blue Shield Fee Schedule dated October 1, 1993.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rates, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

STATE <u>Arkansas</u>		A
DATE RECD	<u>08-22-96</u>	
DATE APVD	<u>09-13-96</u>	
DATE EFF	<u>10-01-96</u>	
HCFA 179	<u>96-15</u>	

SUPERSEDES: TN. 94-04

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Revised: July 1, 1994

5. Physicians' Services

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. The Title XIX (Medicaid) maximum is 66% of the Physician's Blue Shield Fee Schedule dated October 1, 1993. Those procedure codes identified as Obstetric and Pediatric in the Arkansas Medicaid State Plan, Attachment 4.19-B, with the exception of procedure codes 59400 and 59510, will be reimbursed at the level of reimbursement specified on Attachment 4.19-B, page 2e. Procedure codes 59400 (routine obstetric care including antepartum care, vaginal delivery [with or without episiotomy, and/or forceps] and postpartum care) and 59510 (routine obstetric care, including antepartum care, cesarean delivery, and postpartum care) will be reimbursed at 66% of the Physician's Blue Shield Fee Schedule dated October 1, 1993.

At the beginning of each calendar year, the State Agency will negotiate with the affected provider group representatives to arrive at a mutually acceptable increase or decrease from the maximum rate. Market forces, such as private insurance rates, medical and general inflation figures, changes in practice costs and changes in program requirements, will be considered during the negotiation process. Any agreed upon increase or decrease will be implemented at the beginning of the following State Fiscal Year, July 1, with any appropriate State Plan changes.

Payment is made directly to the physician or, upon request of the physician, payment is made under the Deferred Compensation Plan.

Reimbursement for physicians' services for heart, liver, bone marrow, single lung and skin transplants is included in the \$150,000 maximum as described in Attachment 4.19-A, page 3, of the State Plan. Procedures will be manually priced based on professional medical review. The recipient may not be billed for Medicaid covered charges in excess of the State's reimbursement.

Participation in the Deferred Compensation Plan by a physician is entirely voluntary. The individual physician's authorization and consent is on file. The physician submits his claim in the usual manner, and after verification, the appropriate amount due the physician is deposited in an account administered by First Variable Life Insurance Company or The Variable Annuity Life Insurance Company up to the maximum amounts allowed by the Revenue Act of 1978. Each account in the investment funds is individualized as to each physician participating. Arkansas Division of Economic and Medical Services has no responsibility for management or investment of these funds. Federal matching is not claimed for any part of the administration of the Plan. This is a service designed to increase the number of participating physicians in the Medical Assistance Program.

Desensitization injections - Refer to Attachment 4.19-B, 4.b. (15)

STATE	<u>Arkansas</u>	A
DATE RECD	<u>APR 18 1994</u>	
DATE APP'D	<u>JUN 23 1994</u>	
DATE EFF	<u>JUL 01 1994</u>	
HCEA 179	<u>93-04</u>	

SUPERSEDES: TN - 93-33

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Revised: July 1, 1997

5. Physician Services (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR PHYSICIAN PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Office Or Other Outpatient Services</u>		
<u>NEW PATIENT</u>		
99201	CPT-4 1997 Code	\$ 27.00
99202	CPT-4 1997 Code	\$ 41.00
99203	CPT-4 1997 Code	\$ 59.00
99204	CPT-4 1997 Code	\$ 80.00
99205	CPT-4 1997 Code	\$125.00
<u>ESTABLISHED PATIENT</u>		
99211	CPT-4 1997 Code	\$ 13.00
99212	CPT-4 1997 Code	\$ 25.00
99213	CPT-4 1997 Code	\$ 33.00
99214	CPT-4 1997 Code	\$ 64.00
99215	CPT-4 1997 Code	\$106.00

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DATE AD <u>7-30-97</u>	
DATE EL <u>7-1-97</u>	
HCFA 179 <u>97-02</u>	

SUPERSEDES: TN - 96-10

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Revised: July 1, 1997

5. Physician Services (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR PHYSICIAN PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
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Emergency Department Services

NEW PATIENT or ESTABLISHED PATIENT

99281	CPT-4 1997 Code	\$22.00
99282	CPT-4 1997 Code	\$35.00
99283	CPT-4 1997 Code	\$49.00
99284	CPT-4 1997 Code	\$65.00
99285	CPT-4 1997 Code	\$75.00
99288	CPT-4 1997 Code	BR *

Home Medical Services

NEW PATIENT

99341	CPT-4 1997 Code	\$52.00
99342	CPT-4 1997 Code	\$65.00
99343	CPT-4 1997 Code	\$85.00

ESTABLISHED PATIENT

99351	CPT-4 1997 Code	\$40.00
99352	CPT-4 1997 Code	\$53.00
99353	CPT-4 1997 Code	\$68.00

\* By Report

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HCFA 174 <u>97-02</u>	

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5. Physician Services (Continued)

<u>MAXIMUM MEDICAID PAYMENT RATES FOR PHYSICIAN PEDIATRIC SERVICES</u>		
<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Immunization Injections</u>		
90701	CPT-4 1997 Code	\$18.00
90702	CPT-4 1997 Code	\$18.00
90703	CPT-4 1997 Code	\$12.80
90704 *	CPT-4 1997 Code	\$17.78
90705 *	CPT-4 1997 Code	\$16.83
90706 *	CPT-4 1997 Code	\$17.43
90707 *	CPT-4 1997 Code	\$34.64
90708 *	CPT-4 1997 Code	\$24.47
90709 *	CPT-4 1997 Code	\$26.25
90712	CPT-4 1997 Code	\$16.20
90713	CPT-4 1997 Code	\$19.43
90724	CPT-4 1997 Code	\$11.20
90726	CPT-4 1997 Code	Manually Priced
90732	CPT-4 1997 Code	\$12.34
90737 *	CPT-4 1997 Code	\$20.00
90744	CPT-4 1997 Code	\$23.45
90745	CPT-4 1997 Code	\$49.20
90746	CPT-4 1997 Code	\$49.20
90747	CPT-4 1997 Code	\$98.40

\* The rates for these codes represent the Average Wholesale Price (AWP) for the above vaccines.

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5. Physician Services (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR PHYSICIAN PEDIATRIC SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
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Preventive Medicine

NEW PATIENT

99381 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99382 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99383 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99384 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99385 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99432	CPT-4 1997 Code	\$65.00
Z1209	Newborn care/EPSDT medical screen in hospital, including physical examination of baby and conferences with parents - global fee	\$98.33

ESTABLISHED PATIENT

99391 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99392 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99393 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99394 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
99395 (Z0612)	EPSDT Periodic Full Medical Screen, 0-20 years of age	\$51.28
94772	CPT-4 1997 Code	\$86.00 C*
		\$52.00 P*
		\$34.00 T*

\* C = Complete Procedure

\* P = Professional Component

\* T = Technical Component

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DATE REV <u>5-6-97</u>	
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HCFA 179 <u>97-02</u>	

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5. Physician Services (Continued)

MAXIMUM MEDICAID PAYMENT RATES FOR PHYSICIAN OBSTETRICAL SERVICES

<u>Procedure Code</u>	<u>Procedure Description</u>	<u>Maximum Payment</u>
<u>Maternity Care and Delivery</u>		
<u>INCISION</u>		
59020	CPT-4 1997 Code	\$112.00
59025	CPT-4 1997 Code	\$75.20
59030	CPT-4 1997 Code	\$45.60
59050	CPT-4 1997 Code	\$56.00
<u>REPAIR</u>		
59300	CPT-4 1997 Code	\$84.00
<u>DELIVERY, ANTEPARTUM AND POSTPARTUM CARE</u>		
59400	CPT-4 1997 Code	\$1,100.00
59409	CPT-4 1997 Code	\$594.00
59410	CPT-4 1997 Code	\$452.00
59412	CPT-4 1997 Code	\$80.00
<u>CESAREAN SECTION</u>		
59510	CPT-4 1997 Code	\$1,100.00
59514	CPT-4 1997 Code	\$594.00
59515	CPT-4 1997 Code	\$900.00
59525	CPT-4 1997 Code	\$1,040.00
Z1635	Obstetrical Care Without Delivery	\$26.00

The appropriate office visit codes 99201-99215 are billed for antepartum and post-partum care.

STATE <u>Arkansas</u>	A
DATE REC'D <u>5-6-97</u>	
DATE APP'D <u>7-30-97</u>	
DATE EFF <u>7-1-97</u>	
HCFA 179 <u>97-02</u>	

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